

AC 4485 (1) STREET FORD

BOROUGH OF STRET福德
EDUCATION AUTHORITY



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Annual Report
OF THE
SCHOOL MEDICAL OFFICER
FOR THE
Year ended 31st December, 1935.

E. H. WALKER,
School Medical Officer.

BOROUGH OF STRETFORD.

Members of the Education Committee, 1935

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GEO. H. ABRAHAM, Town Clerk.

The School Medical Service in relation to The Public Elementary Schools, 1935.

Total Number of Schools :—

		At 31st March, 1935	
		Accommo- dation	Average Attendance
(a)	Council Schools—Elementary	10	
(b)	Non-provided Schools	8	
	Total	18	
		6396	4690
		1896	1399
		8292	6089

Number of Children on Books (31st March, 1935)	under 5 years of age	211
	5 years and over	6682
	Total	6893

Product of a Penny Rate (1935-36)	£2049
Gross Cost of School Medical Service (estimated for year ending 31st March, 1935)	£3866
Amount received in Government Grant	£1780
Parents' Payment for treatment	£305
Net Cost on the Rates	£1781

1.—STAFF.

School Medical Officer : E. H. WALKER, M.B., Ch.B., D.P.H.

Assistant School Medical Officer :

BARBARA M. KNIGHT, M.B., Ch.B., D.P.H.

School Dentist (part time) : GEO. FURNISS, L.D.S., L.M.S.S.A.

Ophthalmic Surgeon (part time) : H. V. WHITE, M.C., M.D.

Aural Surgeon (part time) :

E. S. BURT HAMILTON, M.C., M.B., Ch. B.,
F.R.C.S.ED.

Consultant Orthopaedic Surgeon :

HARRY PLATT, M.D., M.S., F.R.C.S.

School Nurses :

Miss CARBERRY, State Registered Nurse.

Miss MILNE, State Registered Nurse, Certified
Midwife. Certificates of Royal Sanitary
Institute and Sanitary Inspectors' Exam-
ination Board; Health Visitor's Certificate.

Miss COOMBES, State Registered Nurse,
Certified Midwife.

Miss G. HAMMOND, State Registered Nurse,
Certified Midwife. Health Visitors'
Certificate.

Masseuse :

Miss B. CUNLIFFE, C.S.M.M.G. (Retired July).
Miss R. LEIGH, C.S.M.M.G., M.E., L.E.T.
(Appointed September).

Clerks :

Miss P. BARRATT, Miss M. W. HEWITT

2.—CO-ORDINATION OF SCHOOL MEDICAL WORK WITH THAT OF OTHER HEALTH SERVICES.

(a) **Infant and Child Welfare.**

The Infant and Child Welfare Services are completely co-ordinated with the School Medical Services and continuity is afforded both clinically and administratively.

(b) **Nursery Schools.**

There are no Nursery Schools in the area, nor is there any real evidence of need for such provision. The Nursery Class at Trafford Park meets the need in that industrial locality and further development on the same lines in other parts of the Borough is indicated.

(c) **The Care of Debilitated Children under School Age.**

The whole of the resources of the School Medical Service have, for the last ten years, been available for all children, and no distinction is made between children attending school and those of pre-school age. During 1935, 159 children of pre-school age were examined at the School Clinic. 118 received treatment for minor ailments, and 70 received dental treatment. 12 were referred to the Orthopædic Surgeon and 20 received operative treatment for tonsils and adenoids. 16 other pre-school children, examined at the School Clinics, were referred to the Stretford Memorial Hospital for treatment outside the scope of the Authority's scheme. It can, therefore be claimed that the problem of the pre-school child has received continuous attention both by the Education Committee and by the Maternity and Child Welfare Committee of the Corporation. The primary obstacle in the way of development of this part of the service lies in the fact that parents are unable or unwilling to bring their older children for systematic supervision. The question is referred to in the report of the Medical Officer of Health, on the work of the Maternity and Child Welfare section of the Public Health Department.

3.—TEACHING OF MOTHERCRAFT.

The School Nurses, who are also Health Visitors, have co-operated with school teachers in the arrangements for teaching Mothercraft to senior girls at the Gorse Hill, Gorse Park, Old Trafford Senior Girls', Trafford Park, Victoria Park and Open-Air Schools. In some of these schools it has not been possible to include all the senior girls in this instruction, *e.g.*, girls whose scholastic work is directed towards a clerical or commercial career are unable to devote the time to Mothercraft lessons, and their disappointment is an indication of the popularity of the Mothercraft classes amongst the girls.

Most of the elder girls from these classes have in turn attended the Child Welfare Centres during regular sessions. A new interest has been provided at one of the Schools by the co-operation of parents attending the Child Welfare Centre, who have brought their infants, ranging in age from a few weeks to three years, to the Mothercraft classes, so that the girls can be trained to observe the behaviour of the infants as well as instructed in their welfare.

In April, 1935, an examination in Mothercraft was held in the schools and three prizes (given by the Chairman of the Maternity and Child Welfare Committee and the Medical and Nursing Staff) and six certificates were awarded. As a further encouragement to this work, the prizes and certificates were presented to successful candidates at the May meeting of the Education Committee.

Stretford girls also entered this year, for the first time, the Rhondda Mothercraft Competition, organised by the Association of Maternity and Child Welfare Centres, and open to the whole of Great Britain. The Gorse Park Candidate took the sixth place, a most satisfactory initial result. The enthusiasm of the girls has also influenced the mothers to enter for the Essay Prize offered by the Association of Maternity and Child Welfare Centres, one candidate receiving an award.

4.—MEDICAL INSPECTION.

(a) Age Groups of the Children Inspected.

The Authority provides for the medical inspection of all children in Public Elementary Schools as soon as possible in the twelve months following :—

- (a) their first admission to Public Elementary Schools, and
- (b) their attaining the age of eight years, and
- (c) their attaining the age of twelve years.

The Board's Schedule of Medical Inspection has been followed, except for the exclusion of weights and measurements.

The routine medical inspections have been carried out by the Assistant Medical Officer, Dr. Barbara M. Knight, who has been conspicuously successful in her work and has obtained the confidence and co-operation of parents and teachers as well as of the children.

1,988 children have been examined in the three "code groups," and 467 "other routine inspections" have been made, of children who (*e.g.*) have previously missed inspection at the proper age, or who have been transferred from Schools outside the Authority's area.

306 children due for inspection were absent at the time of visit to the School.

5.—FINDINGS OF MEDICAL INSPECTION.

(See Table 11, page 31).

(a) **Uncleanliness.**

At the routine inspections only 38 children were found with vermin or with nits in the head. At the 89 special inspections made by the school nurses for this purpose, 55 boys out of 7,230 examined, and 826 out of 8,484 girls, showed evidence of infestation with nits or vermin.

Uncleanliness of the body or clothing was noted in 17 boys and 2 girls.

The influence and assistance of the teachers has again been evident in maintaining the standard of cleanliness.

(b) **Minor Ailments.**

The number and type of defects found at medical inspections, both routine and special, is shown in Table 11 on page 31. The number of individual children requiring treatment is shown separately in Table 1C on page 30. This figure appears high, but includes many very early defects, *e.g.*, slight departure from normal posture and minor skin conditions. In addition, 253 of the 754 defects were defective vision.

(c) **Tonsils and Adenoids.**

111 children were noted at routine inspections to require operative treatment and 135 at special inspections. Of the latter 41 were referred by private medical practitioners for early treatment. Cases referred for observation or non-operative treatment numbered 246 at routine inspections and 38 at special inspections.

(d) **Tuberculosis.**

LIST OF NEW CASES OF TUBERCULOSIS IN CHILDREN OF SCHOOL AND PRE-SCHOOL AGE notified to the Medical Officer of Health under the Public Health (Tuberculosis) Regulations 1930, during the year ended 31st December, 1935.

Notified by	Nature of Case				Total
	Pulmonary		Non-Pulmonary		
	Male	Female	Male	Female	
School Medical Officer	—	—	—	—	—
Medical Officers of Insts.	—	—	3	3	6
General Practitioners	1	1	2	—	4
Tuberculosis Officer	—	—	2	—	2
Tuberculosis Officer, M/c.	—	—	1	—	1
Total	1	1	8	3	13

(e) **Skin Disease.**

One case of ringworm of the scalp, 11 cases of ringworm of the body (see 8a) and 17 cases of scabies were detected at the clinics. There were 163 cases of impetigo, being an increase on the cases for 1934.

(f) **External Eye Disease.**

34 children with diseases of the eyelids or of the conjunctiva were found at routine inspections, and 54 at special inspections.

(g) **Vision.**

264 children were found to require spectacles to correct defective vision. Of these 253 were detected at the routine examinations in schools and 11 as a result of special inspections; 16 were found in school not wearing glasses which had previously been prescribed.

(h) **Ear Disease and Hearing.**

40 children with defective hearing, requiring treatment, and two cases for observation were detected. The number of children with ear discharge from middle ear disease was 14 at the routine inspections, and 42 at special inspections.

(i) **Dental Defects.**

194 children out of 2,455 were found at *medical* inspection to be suffering from dental defects requiring treatment to prevent damage to health.

3,294 children, out of 5,957 examined by the School Dentist at the routine dental inspection in schools, between the ages of six and 13 years, were found to require treatment. 656 absentees missed the dental inspection in school, but these children were later invited to the dental clinic.

(j) **Crippling Defects.**

29 children with deformities requiring treatment were detected at routine inspections, and 42 others were seen at special inspections. 103 children were under supervision on account of orthopædic defects already treated or in a satisfactory condition at the time of inspection.

EXCLUSION FROM SCHOOL OF CHILDREN SUFFERING FROM DEFECTS
OTHER THAN NOTIFIABLE INFECTIOUS DISEASES.

Defect or Disease		Number of Children Excluded	Total No. of Weeks Excluded
	Uncleanliness (See Table IV, Group V,—iv).	21	26
Skin	Ringworm :		
	Scalp	1	2
	Body	1	2
	Scabies	17	38
	Impetigo	34	34
	Other conditions	20	18
Eye	Conjunctivitis	10	8
	Keratitis	—	—
	Other conditions	3	2
Ear	Otorrhoea	6	4
	Other conditions	4	2
Nose and Throat	Enlarged Tonsils and Adenoids (post operation)	117	214
	Other conditions	94	72
Enlarged Cervical Glands (non-tuberculous)		13	12
Heart	Heart disease : Organic	—	—
Rheumatism		4	3
Lungs	Bronchitis	36	36
	Bronchial Catarrh	1	1
Nervous System :			
	Chorea.....	3	5
Other Defects and Diseases			
(Albuminuria, Anaemia, Mumps, etc.)		283	327
TOTAL		668	806

6.—INFECTIOUS DISEASES.

34 children of school age were notified during 1935 as suffering from diphtheria, as compared with 76 in 1934. There were 90 cases of scarlet fever notified as compared with 132 in 1934. On March 25th, 1935, out of 45 children on the register of the infants' department at St. Joseph's School, only three were present. One child was absent with diphtheria and most of the remaining 41 children were absent with whooping cough. In these extreme circumstances, closure of the infants' department was recommended for three weeks (until the Easter holidays).

In April, 1935, following a case of diphtheria in the infants' department of Victoria Park School, 30 contacts were examined. At the end of August, two cases of diphtheria were notified and 117 children were examined in the girls' and infants' departments.

In July, 1935, three cases of scarlet fever were reported at St. Hilda's School, and 64 contacts were examined, and kept under observation by the staff of the department.

30 cases of measles occurred at Moss Park School in May, and contacts were examined almost daily. Any children with catarrhal symptoms were excluded.

There were several cases of catarrhal jaundice at Stretford Road Infants School in January, 1935. Careful enquiries were made as to the probable source of infection but the results were inconclusive.

Immunisation Against Diphtheria.

Facilities are offered at all School Clinics and Child Welfare Centres, and 138 children have been immunised during the year.

It is necessary to repeat that some three months or more must elapse after the immunising injections before immunity can be expected. Protection therefore should not be postponed until diphtheria occurs in a school. Unfortunately it is only when the danger of infection is imminent that any demand is made for immunisation.

TABLE showing Schools attended by Stretford Children suffering from notified Infectious Disease in 1935.

School	Number of children on Books	Scarlet Fever	Diph- theria
Gorse Hill Special	12	—	—
Gorse Hill Council	789	4	2
Gorse Park	266	1	1
Victoria Park Council	1124	6	8
Seymour Park Council	630	28	2
Trafford Park Council	383	—	—
Kings Road Council	333	4	—
Stretford Road Junior	309	1	—
St. Alphonsus' R.C.	334	2	4
St. Hilda's	207	8	2
Moss Park	687	16	3
St. Anne's R.C.	230	1	1
St. Bride's	198	1	6
St. Anthony's R.C.	137	—	—
Junior Technical	98	1	—
St. Matthew's.....	190	3	—
St. Joseph's	167	1	—
Old Trafford Senior Boys	317	2	2
" " " Girls	326	1	—
Stretford Grammar	540	2	—
Stretford High School for Girls	385	1	—
Open-Air School	109	—	1
St. Teresa's	108	1	—
Private Schools	62	1	—
Schools Outside the District ...	546	5	2
Totals	8487	90	34

Amongst children living in Manchester but attending Stretford Schools, there were seven cases of diphtheria, one case of whooping cough, 22 cases of measles, four of scarlet fever, and two of German measles.

Measles, chicken-pox and whooping cough are not notifiable infectious diseases in the Borough.

7.—FOLLOWING-UP.

The total number of visits paid by school nurses during the year 1935, was 2,095. This number comprises visits to the homes of all the children who have had an operation for tonsils and adenoids, children to be seen by the eye specialist, children for admission to the Biddulph Grange Orthopædic Hospital, children excluded from school on account of infectious or contagious conditions or with infestation with vermin or nits. Whenever a parent fails to attend the clinic after invitation, or when children attend the clinic without a parent, the nurse visits the home to give suitable advice or instructions. Numerous visits are made to ensure that advice or treatment is being continued and contacts with infectious disease are kept under supervision.

8.—MEDICAL TREATMENT.

(a) Treatment of Minor Ailments.

The following Table shows the number and nature of the minor ailments treated at the three School Clinics.

MINOR AILMENTS TREATMENT CLINICS.
RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31st DECEMBER, 1935.

	Central Clinic		Trafford Park Clinic		Stretford Clinic	
	Treated	Cured	Treated	Cured	Treated	Cured
SKIN :						
Ringworm-Scalp	1	—	—	—	—	—
Ringworm-Body	6	5	1	1	4	4
Scabies	6	6	3	1	8	7
Impetigo	85	83	52	46	26	21
Other skin diseases	68	67	45	40	36	31
EXTERNAL EYE DISEASE	118	111	30	27	65	61
MINOR EAR DEFECTS :						
Ear discharge, wax	105	82	29	24	39	29
MISCELLANEOUS :						
e.g., minor injuries, bruises, sores, chil- blains, etc.	421	397	296	275	205	197
Total	810	751	456	414	383	350
Total No. of Attendances		3110		1153		673

(b) Tonsils and Adenoids.

Careful consideration is given by the School Medical Officer and the Specialist Surgeon before submitting any child to operation. All children are examined after operation by the School Medical Officer before returning to school.

The arrangements with the Stretford Memorial Hospital have continued, with excellent results. All children submitted for operation are detained in Hospital for at least one night after operation and when fit to be taken home are removed in the Corporation Ambulance, unless the parent is able to provide satisfactory transport.

(c) Tuberculosis.

The following statement is kindly supplied by Dr. G. Jessel, the Consultant Tuberculosis Officer of the Lancashire County Council, whose valued assistance is at all times available.

TREATMENT RECEIVED DURING THE YEAR 1935 BY TUBERCULOUS
CHILDREN RESIDING IN THE BOROUGH OF STRETTFORD.

	Children
Admitted to Sanatoria	1
Admitted to General Hospitals	5
Granted "Light" Treatment at the Eccles Dispensary	5
X-Ray Examination	17
Dispensary Supervision or Dispensary Treatment	32
Dispensary Supervision or Treatment with provision of special nourishment	5
Under Supervision on 31st December, 1935	31
The 31 cases under supervision at the end of the year were :—	
Pulmonary	2
Non-Pulmonary	29
Combined (Pulmonary and Non-Pulmonary)	—
Cases taken off the Register as "Recovered"	4

The Dispensary at 14, Derbyshire Lane, Stretford, is open daily for the routine attendance of patients for dressings, etc., and for examination of patients by the Tuberculosis Officer on Tuesday and Thursday mornings at 10 a.m.

At the Eccles Dispensary there is an Artificial Light Installation consisting of two 30-ampere carbon arc lamps, one mercury vapour (Jesionek) lamp, and one water-cooled mercury vapour (Kromayer) lamp. The "Light" Department is working throughout the week, and patients are drawn from all over the area. The forms of tuberculosis treated have been : Lupus, Scrofuloderma, Glands, Peritonitis, and a few bone and joint lesions with sinuses.

(d) Skin Diseases.

No cases of ringworm of the scalp were treated by X-rays.

There has been an increase in the number of cases of impetigo, but treatment by elastoplast has enabled the children affected to return to school earlier than formerly.

(e) **External Eye Disease.**

101 children were treated at the Minor Ailments Treatment Clinic.

(f) **Vision.**

216 children were examined by the Ophthalmic Surgeon and spectacles were prescribed for 138. There appears to be increasing difficulty in the provision of spectacles ordered for many of the poorer children.

The Education Authority have assisted in this direction by providing spectacles free or at less than cost in necessitous cases.

Children discovered with bent or distorted spectacle frames are referred to the Clinic for attention by the optician free of charge.

216 children made 245 attendances at the Eye clinics of which there was one more session than in 1934. In addition, 24 children attending County Schools were examined at the sessions.

It will be seen from the Table on Page 14 that the number of new cases examined by the Ophthalmic Surgeon was 143, whereas at routine medical inspections in Schools, 253 children were found with defective vision. Only a small number of children obtain treatment outside the Authority's Scheme and there is a growing waiting list indicating the need for an increased number of sessions during the next financial year.

64 cases of squint were examined by the Ophthalmic Surgeon. New cases of squint are referred promptly for specialist examination and kept under periodic supervision.

The earlier detection of squint through the child welfare centres is a very important factor towards improvement of vision during school life. The following statement, showing the ages at which cases of squint *first* attended for treatment, illustrates the earlier attention paid to this condition through the extension of school clinic facilities to pre-school children. There is scope for extension of this work, the importance of which has been emphasised in previous reports.

AGES OF CHILDREN REFERRED FOR TREATMENT FOR SQUINT.

Ages, years	Six Mts.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	Total
Number of children examined, 1935 ...	2	5	1	2	7	5	8	4	10	3	9	3	3	1	1	64
New Cases examined, 1935 ...	2	5	1	1	5	4	3	3	3	1	6	2	1	—	1	38
Ages at first atten- dance of those re- examined in 1935	1	1	3	1	4	6	5	2	1	1	—	1	—	—	—	26

TABLE showing defects found amongst cases examined by the Ophthalmic Surgeon during the year ended 31st December, 1935.

Defect	New Cases		Old Cases	
	Number Examined	Number of Cases of Squint	Number Re-examined	Number of Cases of Squint
Hypermetropia	12	8	6	3
Myopia	12	—	5	—
Hypermetropic astigmatism ...	12	2	4	2
Myopic Astigmatism	4	—	2	—
Compound Hypermetropic Astigmatism... ..	31	11	20	12
Compound Myopic Astigmatism	23	2	11	2
Mixed Astigmatism	15	2	15	1
Emmetropia	14	6	—	—
Nystagmus	—	—	3	1
Congenital Malformation lid ...	—	—	1	—
Congenital strabismus	6	6	5	5
Corneal Nebulae	1	1	—	—
Chronic Blepharitis	2	—	—	—
Ptosis	1	—	—	—
Meibomian Cyst	1	—	—	—
Conjunctivitis	1	—	—	—
Phlyctenular Conjunctivitis ...	1	—	—	—
Ophthalmia	1	—	—	—
Conjunctivitis-Keratitis ...	1	—	—	—
Zonular Cataract	1	—	—	—
Chalazion	2	—	—	—
Eccentric pupil	1	—	1	—
Lagophthalmus	1	—	—	—
Totals	143	38	73	26

(g) **Ear Disease and Hearing.**

170 children made 216 attendances at the Special Ear Clinic for examination and treatment by the Consultant Aural Surgeon.

THE AUDIOMETER GRAMOPHONE.

During 1935, the hearing of 19 children has been tested by the Audiometer Gramophone. 10 of these were brought to the clinic on account of deafness noticed by the parents. The remainder were brought on account of earache or of ear discharge from one or both ears.

These children have been kept under systematic observation, and three of the 19 have been re-examined following operation for removal of tonsils and adenoids.

The results of the tests are tabulated below, and it will be seen that in some cases treatment has been definitely helpful in restoring hearing. The results also indicate the value of the Audiometer in measuring loss of hearing and in assessing the results of treatment.

Case No.	Type of deafness	Suspected cause	Symptoms and signs	Hearing loss (Audiometer)			
				1st test		2nd test	
11	Catarrhal	Measles T. & A.	Frequent Colds, Deafness Adenoids	right 12 units	left 15 units	right 12 units after operation	left 12 units
12	Catarrhal	T. & A.	Deaf, T. & A.	21 „	6 „	—	—
13	Suppurative	T. & A.	Otorrhoea Deafness	18 „	15 „	—	—
14	Suppurative	T. & A.	Earache, Buzzing in ears Deafness	21 „	15 „	—	—
15	Catarrhal	T.	Frequent Colds Tonsils	24 „	18 „	—	—
16	Suppurative	T. & A.	Deaf, Otorrhoea Perforated M.T. (left)	15 „	66 „	—	—
17	Catarrhal	T. & A.	Earache Deafness	18 „	18 „	—	—
18	Catarrhal	T. & A.	Deafness T. & A.	57 „	54 „	44 units after operation	50 units
19	Catarrhal	Measles	Earache Otorrhoea	12 „	12 „	—	—
20	Catarrhal	Measles	Earache Deafness Adenoids	21 „	18 „	12 units	9 units

[Continued on next page].

Case No.	Type of deafness	Suspected cause	Symptoms and signs	Hearing loss (Audiometer)			
				1st test		2nd test	
				right	left	right	left
21	Suppurative	Measles	Deafness Otorrhoea	18 „	21 „	—	—
22	Catarrhal		Earache Deafness	15 „	18 „	—	
23	Suppurative	T. & A.	Otorrhoea Adenoids	60 „	21 „	—	—
24	Suppurative	T. & A.	Otorrhoea T. & A. Perforated M.T. (right and left)	15 „	15 „	—	—
25	Suppurative	Scarlet Fever	Dizziness Otorrhoea	9 „	9 „	—	—
26	Suppurative	Mastoid Infection	Deafness Otorrhoea	18 „	15 „	—	—
27	Suppurative	Measles T. & A.	Otorrhoea T. & A.	75 „	75 „	—	—
28	Catarrhal	Influenza	Deafness Post Nasal Catarrh	57 „	54 „	—	—
6	Catarrhal	Measles	Deaf	63 „	57 „	38 units 41 units after operation 3rd test 32 units 35 units	

(h) **Dental Defects.**

Dental inspection and treatment of school children is available for every child between the ages of six and 13 years, and for children below the age of six and over the age of 13 by special appointment. Information was obtained that 39 children received treatment from a private dentist, but there is good reason to believe that many more have been treated privately.

INSPECTION AND TREATMENT OF DENTAL DEFECTS.

Number of School Children dealt with.

	Age Groups									
	6 yrs.	7 yrs.	8 yrs.	9 yrs.	10 yrs.	11 yrs.	12 yrs.	13 yrs.	Spe- cials	Total
(a) Inspected by Dentist	636	641	732	706	745	638	602	640	143	5483
(b) Referred for Treatment	379	409	472	456	472	378	360	413	141	3435
(c) Actually Treated	454	411	437	483	311	280	232	263	173	3044
(d) Re-treated *(result of Periodical Examination)	136	136	123	126	80	83	80	88	49	901

* Cases under (d) are included in (c) of the same Table.

(i) **Crippling Defects and Orthopædics.**

The following Table shows the number and nature of crippling defects treated by Mr. Platt, F.R.C.S., Consultant Orthopædic Surgeon, under the Authority's scheme, by arrangement with the Manchester Royal Infirmary.

A.—CRIPPLING DEFECTS.

Birth Palsy	1
Scoliosis	1
Polio-myelitis	8
Flat Foot	1
Brevicollis	1
Congenital Deformities :—Club Foot	3
Claw Foot	1
Contracted Toes	1
Contracted Fingers	1
Torticollis	2
Spina Bifida Occulta	2
Anomalies	1
Chronic Osteomyelitis	2
Rickets	5
Infantile Hemiplegia	5
Ganglion	1
Synovitis Knee	1
Painful Heel	1
Fractures and Dislocations	1
Contusions	1
Defective Posture	1
Angioma	1

B.—ORTHOPÆDIC TREATMENT RECOMMENDED.

Operation	5
Surgical Appliances, etc.	5
Wedges to shoes	1
Massage and Remedial Exercises	24
Supervision	12

Orthopædic After-care and Remedial Exercises clinic.

Date of commencement of Clinic	6th May, 1927
Number receiving treatment on that date	6
Number receiving treatment, 1st January, 1935	80
Number receiving treatment 31st December, 1935	83
Individual children treated during year 1935	106
Number of attendances made for treatment during 1935	1838
Number of treatments given during 1935	1992
Average attendance per session during 1935	24

Report of the Masseuse in Charge.

Two clinics were held each week, on Tuesday and Friday afternoons, during the school terms. They were well attended until December when the fog and bad weather made it difficult for the children to come.

Most of the pre-school children treated were suffering from knock-knees due to rickets and have made slow but steady progress.

The children in the gymnasium have enjoyed their exercises and the flat feet and hollow backs have improved considerably.

One child with a severe degree of scoliosis following infantile paralysis is waiting admission to the Lancashire County Council Orthopædic Hospital at Biddulph, as she requires daily supervision and treatment.

Massage students from Ancoats Hospital again assisted in the gymnasium and with the massage and their co-operation has made it possible to treat a large number of children.

Remedial Exercises and Massage.

The following statement shows the number and type of cases treated :—

Defect	Number of Treatments given				
	No. of Cases	Massage and Joint Movements	Remedial Exercises	Re-education of Muscle and Muscle Groups	Electrical
Flat Feet	17	67	139	—	—
Spinal Curvatures	13	20	325	—	—
Postural Defects	20	—	260	—	—
Club Feet	5	90	—	—	—
Polio-myelitis.....	6	177	13	177	50
Spastic Paralysis ...	4	59	97	—	—
Birth Palsy	1	—	26	—	—
Torticollis : Post Operation	2	—	17	—	—
Rickets	21	203	17	—	—
Fractures and other injuries	3	27	—	—	—
Debility	1	—	43	—	12
Other Conditions ...	13	53	117	—	—
	106	699	1054	177	62

Treatment of Children of Pre-School Age.

The following is a summary of the treatment of children below school age, during the year ended 31st December, 1935 :—

	Children	Attendances
Inspection Clinic	93	130
Minor Ailments Treatment Clinic ...	118	289
Dental Treatment Clinic	70	101
Orthopædic Clinic	12	17
Remedial Exercises and Massage	36	442
Tonsils and Adenoids : Operations ...	20	—
Ophthalmic Clinic	19	27
Aural Clinic	47	56

83 nursing mothers referred from the Child Welfare Centre attended the Dental Clinic.

Ultra-Violet Ray Treatment.

82 children of school age (4—14) received ultra-violet ray therapy during 1935. They had an average of eight weeks' treatment. The chief conditions for which they were treated were enlarged cervical glands, debility and anæmia.

CHILDREN OF PRE-SCHOOL AGE TREATED AT THE STRETFORD MEMORIAL HOSPITAL DURING 1935 ON RECOMMENDATION OF SCHOOL MEDICAL OFFICER.

Circumcision	7
Hernia	8
Dermoid cyst	1
	<hr/>
	16

9.—OPEN-AIR EDUCATION.

(a) Playground Classes.

Playground classes are conducted whenever the weather conditions permit.

(b) School Camps.

There have been no organised arrangements for school camps in connection with elementary schools in the area. Many children whose circumstances do not permit of a holiday at the seaside or in the country, would greatly benefit by the healthy influence of a period of camping, and the value of the summer holiday would be thereby increased.

(c) Open-air Classrooms in Public Elementary Schools.

Excellent examples of the healthfulness of open-air classrooms are afforded at the Gorse Park, Kings Road and Moss Park Schools. The extension at the latter school is admirably suited for this purpose.

(d) Day Open-Air School.

The extension of the Open-Air School has been completed during the year and the additional class rooms were officially opened by the Chairman of the Education Committee in August, 1935.

The School has now certified accommodation for 120 children, and it is gratifying to record that the valuable work done at this school is conferring considerable benefits on the type of child who previously, on account of ill-health, was very irregular in attendance at the ordinary school.

It is necessary to repeat that medical considerations alone can justify attendance at this special school.

The highest tribute must be paid to the Headmistress and her Staff for their recognition and practical application of the real objects of the Open-Air School.

The extra accommodation available has made it possible now to admit children at an earlier age, and this very desirable object has been greatly facilitated by the arrangements made for transport of the younger children to and from the school. At the same time, this has led to increased demands upon the time and energies of the Staff in order to organize a suitable curriculum for so many different types of children of varying school ages.

It is common experience that the greatest physical benefits are to be derived from Open-Air School life when the children are sent at an earlier age. It is also important to recognise that children should be transferred to the ordinary school as soon as they have sufficiently recovered in health to permit them to stand the ordinary school curriculum with reasonable hope of avoiding relapse. Whilst considering primarily the health of the child, the Staff of the Open-Air School must have regard to the need for the child to be able, without undue strain to resume his position in the ordinary school and much patience and co-ordination between the various schools is required to achieve this object.

It is gratifying to record that all teachers have given most sympathetic consideration to the special problems involved in this matter.

The investigation into postural defects, begun by Dr. Knight in 1934, was continued in 1935.

On admission, the posture of each child was recorded diagrammatically by a line passing through the ear, shoulder, hip and ankle.

Out of 110 children examined, 84 had defective posture due to poor muscle tone arising from their debilitated condition. These defects were not sufficiently severe to require attendance at the Remedial Exercise Clinic and no special exercises were given at school.

After six months of Open-Air School life, of the 84 children with postural defects, 29 were found to have correct posture, 36 showed marked improvement, while five remained unchanged. The remaining 14 children left the school before the investigation could be completed. This somewhat limited enquiry is an interesting example of the benefits derived by the children from the open air regime.

CONDITIONS FOR WHICH CHILDREN WERE ADMITTED TO THE OPEN-AIR SCHOOL DURING 1935.

	Boys	Girls
Delicate: Debility including Malnutrition	19	18
Tuberculosis: gland-quiescent	1	—
Bronchitis	2	2
Otitis Media	5	—
Chorea: convalescents	1	—
Orthopædic conditions	—	2
Anæmia	8	8
Albuminuria	—	2
Epilepsy	—	1
Cervical adenitis	1	—
Congenital heart	1	1
Asthma	2	2
Abnormal behaviour	1	—
Poor posture	1	—
Post operative debility	—	1
Fractured foot	1	—
Totals	43	37

34 girls and 44 boys have returned from the Open-Air School to the ordinary schools during the year.

OPEN-AIR SCHOOL: Records of Height and Weight.

Age, Years	No. in attendance	Average : on admission		Average gain		Average weeks' stay
		Ht. (ins.)	Wt. (lbs.)	Ht. (ins.)	Wt. (lbs.)	
5	3	45.3	44.0	1.0	2.1	15.0
6	15	45.0	42.13	8.0	1.3	12.5
7	21	46.48	46.82	2.4	5.3	32.0
8	30	48.86	48.66	1.4	5.64	37.2
9	25	49.0	51.36	2.7	7.92	50.7
10	22	51.23	57.0	2.0	7.37	48.0
11	14	52.93	61.07	2.8	10.1	53.2
12	10	54.1	66.1	2.7	9.0	50.3
13	3	53.3	62.0	6.2	23.25	101.0
14	2	52.0	76.0	4.0	23.5	74.0

10.—PHYSICAL TRAINING.

A healthy rivalry is maintained between the various school teams in football, cricket, tennis, captain-ball, and swimming. The keen interest of many of the teachers in this direction is greatly appreciated, but their efforts are hampered and discouraged by the lack of playing fields. The subject has received careful consideration by the Education Committee and it is hoped that some contribution towards a solution of the difficulty may be found.

11.—SCHOOL BATHS.

The Authority's arrangements with the Baths Committee of the Council, permitting the teaching of swimming to school children of 10 years and over, have continued during the year.

Swimming Instruction.

Instruction in swimming for older scholars is provided at the three Public Baths during the months from May to September, including the holiday periods.

12.—PROVISION OF MEALS.

Reference has been made in previous reports to the difficulties involving an assessment of nutrition. Whilst it remains true that there is little evidence that the standard of nutrition of school children has deteriorated as a result of the difficult financial circumstances of many families during recent years, it is a matter for considerable anxiety on the part of responsible officers that the position should not be accepted complacently.

The Board of Education Circular No. 1443, issued in December, 1935, calls attention to the need for provision of meals for any child who shows any symptoms, whether educational or physical, however slight. This Circular is of material assistance to the School Medical Officer in advising the Authority as to the necessity for the provision of meals for children attending Public Elementary Schools.

Careful clinical examination reveals many minor indications that children may not be receiving an adequate and suitable dietary, and it is impossible to consider this matter without reference to the economic circumstances of the family. It is surely safe to presume that if the family income is inadequate to provide the necessary food, then someone in the family is suffering shortage, which sooner or later will have its effect on physical development. There is evidence that, in most instances, it is the mother who suffers first, but long hardship must eventually reflect upon the children. It is during the period of growth in childhood that insufficiency of food will do most harm. A merely adequate diet is not sufficient to safeguard against future damage. Where children are concerned a generous diet is clearly indicated, not only to meet the demands of growth and of the not inconsiderable strain of school work, but in order to build up a reserve against infectious and other diseases.

The present urge towards physical training provides still another reason for ensuring more than a minimum adequate dietary. Children must not be expected to stand the extra strain of physical exercises, organised games and swimming—particularly in competitions—unless assured a generous supply of energising food.

It has been pointed out by Medical Authorities that the early signs of under-nourishment are mental rather than physical. Much ill-temper and some delinquency can certainly be attributed to under feeding.

During the year, Dr. Knight attempted an inquiry into the hours of sleep of school children, but the number of cases investigated is too small to justify any conclusion being drawn. The main points of the inquiry were towards the relation of nutrition to the number of hours' sleep and to the number of people occupying each child's bedroom. Adequate sleep is as important as food in the question of nutrition.

13.—EMPLOYMENT OF YOUNG PERSONS AND CHILDREN.

121 children were examined during the year with the following results :—

Certificates granted permitting employment out of school hours	110
Certificates granted conditionally upon necessary treatment being obtained	3
Certificates granted permitting appearance in entertainments	6
Certificates not granted—under age	2
Certificates refused on the grounds that employment out of school hours would be detrimental to health or education	—

14.—CO-OPERATION OF THE SCHOOL MEDICAL SERVICE AND THE JUVENILE EMPLOYMENT BUREAU.

Information has for many years been available to the Juvenile Employment Officer from the records of the School Medical Department in relation to children registered with the Bureau. The arrangements have been strengthened in accordance with Administrative Memorandum No. 137, so that, at the end of each school term, a report is sent by the School Medical Officer to the Juvenile Employment Officer regarding the unsuitability of each child for particular forms of employment. In this connection, it must be remembered that the last routine examination of school children takes place at the age of 12 years, whereas the school leaving age is 14 years. In order to make the School Medical Officer's reports of the maximum value, a final examination nearer to the time of leaving school is indicated. The difficulty, will of course, be accentuated if and when the school leaving age is raised.

In all special or doubtful cases the advice of the School Medical Officer is available and there is frequent contact between the two departments.

15.—CO-OPERATION OF PARENTS.

During the year, 1,627 parents were interviewed by the School Medical Officer at the routine medical inspections, and 3,851 attendances were made by the parents to the Clinics. There is increasing evidence of the interest of parents and their appreciation of the work of the School Medical service. The sense of parental responsibility has been increased rather than lessened by the efforts of this service.

16.—CO-OPERATION OF TEACHERS.

Teachers, individually and collectively, have unfailingly given most valuable help to the department and have fostered the interest of parents, by affording contact of mothers and teachers in the presence of the children. In many other ways their assistance and influence have been of the greatest value.

17.—CO-OPERATION OF SCHOOL ATTENDANCE OFFICERS.

The School Attendance Officers have at all times assisted, by following up cases of neglect, by reporting cases of sickness and suspected infectious diseases, and by advising parents of the facilities available. Copies of all certificates of exclusion from school by the School Medical Officer are supplied to the School Attendance Officer.

18.—CO-OPERATION OF VOLUNTARY BODIES.

The Stretford Civic Guild of Help, the Surgical Aid Society, the Invalid Children's Aid Association, and the National Society for the Prevention of Cruelty to Children, have all continued to co-operate with the school medical department.

ORIGIN OF CASES REFERRED TO CLINICS.

Education Department	6
Sent by Parents	1065
„ Medical Practitioners	67
„ School Medical Officer	136
„ Teachers	265
„ School Nurses	189
„ Child Welfare Centres	39
„ School Attendance Officers	121
„ Dental Officer	8
„ Manchester Royal Infirmary	9
„ Manchester Children's Hospital	5

19.—BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

(a) **Ascertainment.**

The methods of ascertainment of all exceptional children, outlined in previous reports, have continued through the co-operation of parents, teachers, medical practitioners, school attendance officers, school nurses, child welfare centres, and voluntary agencies.

(b) **Blind and Deaf Children.**

The total number of blind and deaf children maintained in Institutions by the Authority is given in Table III, page 34.

(c) **Supervision of Mentally Defective Children.**

The supervision of mentally defective children in the area is carried out by the school nurses and by reference to the South-East Lancashire Association for Mental Welfare.

(d) **The Special School.**

	Boys	Girls
No. on Register at January 1st, 1935	11	1
No. admitted during the year	—	—
No. discharged or left during the year	—	—
No. on Register at December 31st, 1935	11	1

During the year special consideration has again been given to the question whether the Special Class is really justifying its existence. It has to be admitted, after trial, that many of the children in the class cannot really derive benefit from instruction in the class, but their attendance does keep them occupied and prevent them wandering about the streets. The results of the last few years indicate that the relatively high cost of trying to educate these children is unjustifiable. At the end of the year negotiations were commenced with the Lancashire Mental Deficiency Committee and the South East Lancs. Association for Mental Welfare with a view to the establishment, in Stretford, of an occupation centre for certified children.

(e) **Epileptic Children.**

One boy admitted to Sandlebridge in July, 1931, is still undergoing institutional treatment.

SPEECH DEFECTS.

Defects of speech discovered during the year were largely due to faulty articulation or incorrect breathing. Such children require constant, patient, quiet training, both at school and at home.

In special cases Mr. Spalding, the Headmaster of the Royal Residential Schools for the Deaf, and his Staff, have again given valuable assistance.

It is hoped that arrangements may be made for part time instruction by an expert in speech training to be given in the School. The importance of clear enunciation cannot be exaggerated. Such defects as stammering are not only a handicap to a child on leaving school seeking to earn a livelihood but are the cause of much embarrassment to the child and its parents.

MENTAL DEFICIENCY (NOTIFICATION OF CHILDREN) REGULATIONS, 1928.

STATEMENT OF THE NUMBER OF CHILDREN NOTIFIED DURING THE YEAR
ENDED 31ST DECEMBER, 1935, BY THE LOCAL EDUCATION AUTHORITY TO
THE LOCAL MENTAL DEFICIENCY AUTHORITY.

Total number of children notified : 3.

ANALYSIS OF THE ABOVE TOTAL.

Diagnosis	Boys	Girls
1. (i) Children incapable of receiving benefit or further benefit from instruction in a Special School :		
(a) Idiots	—	—
(b) Imbeciles	2	—
(c) Others	1	—
(ii) Children unable to be instructed in a Special School without detriment to the interests of other children :		
(a) Moral defectives	—	—
(b) Others	—	—
2. Feeble-minded children notified on leaving a Special School on or before attaining the age of 16	—	—
3. Feeble-minded children notified under Article 3, i. e. "special circumstances" cases	—	—
Note.—No child should be notified under Article 3 until the Board have issued a formal certificate (Form 308M) to the Authority		
4. Children who in addition to being mentally defective were blind or deaf	—	—
Note.—No blind or deaf child should be notified without reference to the Board—see Article 2, proviso (ii).		
Grand Total	3	—

21.—DEATHS DURING THE YEAR 1935 OF CHILDREN OF SCHOOL AGE.

Certified Cause of Death	Ages — Years										Total
	5	6	7	8	9	10	11	12	13	14	
Murder	—	1	—	—	—	—	—	—	—	—	1
Uraemia and Pneumonia	—	—	1	—	—	—	—	—	—	—	1
Pneumococcal Meningitis	—	—	1	—	—	—	—	—	—	—	1
Tuberculosis	—	—	—	—	—	—	—	1	—	—	1
Cerebral and Pul- monary embolism. Patent cardiac foramen	—	—	—	—	—	—	1	—	—	—	1
Valvular Disease of Heart	—	—	—	—	—	—	1	—	—	—	1
Meningitis (Mastoid infection)	—	—	—	—	1	—	—	—	—	—	1
Endocarditis (Rheumatic Fever)	1	—	—	—	—	—	—	—	1	—	2
Diphtheria	—	—	1	—	—	—	—	—	1	—	2
Empyema	—	—	—	—	—	1	—	—	—	—	1
Peritonitis (acute appendicitis)	—	—	—	1	—	—	—	—	—	—	1
Septicaemia	—	—	—	—	—	—	—	—	—	1	1
Totals.....	1	1	3	1	1	1	2	1	2	1	14

STRET福德 EDUCATION

COMMITTEE

SCHOOL MEDICAL SERVICE

STATISTICAL TABLES

For the Year 1935

TABLE 1.—RETURN OF MEDICAL INSPECTIONS.

A.—ROUTINE MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups :—

Entrants	....	....	....	....	....	....	....	....	685
Second Age Group	....	....	....	....	....	....	....	....	708
Third Age Group	....	....	....	....	....	....	....	....	595
Total	....	....	....	....	....	....	....	....	1988
Number of other Routine Inspections				....	....	....	....	....	467
						Grand Total	....	....	2455

B.—OTHER INSPECTIONS.

[illegible]

C.—CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Uncleanliness and Dental Diseases).

Prescribed Groups :—

[illegible]

TABLE II

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE
YEAR ENDED 31ST DECEMBER, 1935.

Defect or Disease		Routine Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	Ringworm :				
	Scalp	1	—	2	—
	Body	—	—	3	—
	Scabies	1	—	11	—
	Impetigo	4	—	34	—
	Other Diseases (non-Tuberculous)	48	2	84	—
Eye	Blepharitis	19	—	18	—
	Conjunctivitis	15	—	35	—
	Keratitis	—	1	1	—
	Corneal Opacities	—	2	—	—
	Defective Vision (excluding Squint)	253	42	11	—
	Squint	23	18	15	1
	Other Conditions	11	1	13	1
Ear	Defective Hearing	7	1	33	1
	Otitis Media	14	—	42	—
	Other Ear Diseases	19	—	8	—
Nose and Throat	Chronic Tonsillitis only	50	200	44	36
	Adenoids only	2	10	5	—
	Chronic Tonsillitis and Adenoids	59	36	86	2
	Other Conditions	52	7	96	5
Enlarged Cervical Glands (Non-Tuberculous)		2	83	48	1
Defective Speech		4	7	1	6

Defect or Disease		Routine Inspections		Special Inspections	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Heart and Circulation	Heart Disease :				
	Organic	1	19	—	10
	Functional	—	27	—	1
	Anaemia	42	4	68	—
Lungs	Bronchitis.....	31	7	33	—
	Other Non-Tuberculous Diseases	7	13	30	1
Tuber- culosis	Pulmonary :				
	Definite.....	—	—	—	—
	Suspected	—	—	—	—
	Non-Pulmonary :				
	Glands	1	3	1	—
	Bones and Joints	—	—	—	—
	Skin	—	—	—	—
	Other Forms	—	2	—	2
Nervous System	Epilepsy	1	2	2	3
	Chorea	1	2	5	1
	Other Conditions	10	8	18	1
Defor- mities	Rickets	1	—	1	—
	Spinal Curvature	5	4	7	2
	Other Forms	23	94	34	3
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		47	59	330	65
TOTAL		754	654	1119	142

B.—CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED DURING
THE YEAR IN THE ROUTINE AGE GROUPS.

Age Groups	Number of Children Inspected	A (Excellent)		B (Normal)		C (Slightly Sub-normal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants	685	29	4·2	560	81·8	81	11·8	15	2·2
Second Age Group...	708	41	5·8	539	76·1	109	15·4	19	2·7
Third Age Group ...	595	52	8·8	483	81·2	52	8·7	8	1·3
Other Routine Inspections ...	467	17	3·6	380	81·4	54	11·6	16	3·4
Total	2455	139	5·6	1962	79·9	296	12·1	58	2·4

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA

Children suffering from the following types of Multiple Defect, i.e., any combination of Total Blindness, Total Deafness, Mental Defect, Epilepsy, Active Tuberculosis, Crippling or Heart Disease.

Blind	(i) Suitable for training in a School for the totally blind	At Certified Schools for the Blind.....	—
		At Public Elementary Schools	—
		At other Institutions	—
		At no School or Institution	—
Partially Sighted	(ii) Suitable for training in a School for the partially Sighted	At Certified Schools for the Blind	1
		At Certified Schools for the Partially Sighted	—
		At Public Elementary Schools	—
		At other Institutions	—
Deaf	(i) Suitable for training in a School for the totally deaf or deaf and dumb	At no School or Institution	—
		At other Institutions	—
		Schools	—
		At Public Elementary Schools	8
Partially Deaf	(ii) Suitable for training in a School for the partially deaf	At Certified Schools for the Deaf	—
		At Certified Schools for Partially Deaf	—
		At Public Elementary Schools	8
		At other Institutions	—
		At no School or Institution	—

Mentally Defective	Feeble-minded	At Certified Schools for Mentally Defective Children	12
		At Public Elementary Schools	—
		At other Institutions	—
		At no School or Institution	2
Epileptics	Suffering from severe epilepsy	At Certified Special Schools	1
		At Public Elementary Schools	1
		At other Institutions	—
		At no School or Institution	—
Physically Defective	Pulmonary tuberculosis (including pleura and intrathoracic glands)	At Certified Special Schools	—
		At Public Elementary Schools	—
		At other Institutions	1
		At no School or Institution	—
	Non Pulmonary Tuberculosis	At Certified Special Schools	—
		At Public Elementary Schools	7
		At other Institutions	1
		At no School or Institution	4
	Delicate Children, i.e., all children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open air School	At Certified Special Schools	110
		At Public Elementary Schools	149
		At other Institutions	—
		At no School or Institution	—

Physically Defective —contd.	Crippled Children (other than those with active tuberculous disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life.	At Certified Special Schools At Public Elementary Schools At other Institutions At no School or Institution	2 6 1 1
	Children with heart disease, i.e., children whose defect is so severe as to necessitate the provision of educational facilities other than those of the public elementary School	At Certified Special Schools At Public Elementary Schools At other Institutions At no School or Institution	1 6 — —

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED
31ST DECEMBER, 1935.

TREATMENT TABLE.

Group 1,—Minor Ailments (excluding Uncleanliness, for which see Group VI).

Disease or Defect	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme	Otherwise	Total
Skin—			
Ringworm-Scalp	1	—	1
Ringworm-Body	11	—	11
Scabies	17	—	17
Impetigo	163	—	163
Other skin disease	149	—	149
Minor Eye Defects	213	2	215
(External and other, but excluding cases falling in Group II).			
Minor Ear Defects	173	2	175
Miscellaneous	922	5	927
(e.g., minor injuries, bruises, sores, chilblains, etc.).			
Total	1649	9	1658

TABLE IV.

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments—Group 1.)

Defect or Disease	Number of Defects dealt with			
	Under the Authority's Scheme	Submitted to refraction by private practitioner or at hospital, apart from the Authority's Scheme	Otherwise	Total
Errors of Refraction (including Squint)	205	—	4	209
Other Defect or Disease of the Eyes (excluding those recorded in Group 1)	11	—	3	14
Total	216	—	7	223

Total number of children for whom spectacles were prescribed—

(a) Under the Authority's Scheme	138
(b) Otherwise	—

Total number of children who obtained or received spectacles—

(a) Under the Authority's Scheme	135
(b) Otherwise	8

Group III.—Treatment of Defects of Nose and Throat.

Number of Defects												Received other forms of Treatment	Total number treated
Received Operative Treatment													
Under the Authority's Scheme, in Clinic or Hospital				By Private Practitioner or Hospital apart from the Authority's Scheme				Total					
(1)				(2)				(3)					
(I)	(II)	(III)	(IV)	(I)	(II)	(III)	(IV)	(I)	(II)	(III)	(IV)	(4)	(5)
—	—	140	1	1	—	55	4	1	—	195	5	119	320

(I) Tonsils only.

(II) Adenoids only.

(III) Tonsils and Adenoids

(IV) Other defects of the nose and throat.

TABLE IV.
Group IV.—Orthopaedic and Postural Defects.

	Under the Authority's Scheme			Otherwise			Total Number Treated
	Residential Treatment with Education	Residential Treatment without Education	Non- Residential Treatment at an Orthopaedic Clinic	Residential Treatment with Education	Residential Treatment without Education	Non- Residential Treatment at an Orthopaedic Clinic	
Number of Children Treated	3	—	118	—	1	—	121

TABLE V.
Dental Inspection and Treatment.

(1) Number of children inspected by the Dentist. (a) Routine age-groups.

Age ...	5	6	7	8	9	10	11	12	13	14	Total
Number ...	Nil	636	641	732	706	745	638	602	640	Nil	5340

Specials	143						
Total (Routine and Specials).....	5483						
(2) Found to require treatment	3449						
(3) Actually treated	3044						
(4) Attendances made by children for treatment	3166						
(5) Half-days devoted to	<table> <tr> <td>Treatment.....</td><td>192</td></tr> <tr> <td>Inspection.....</td><td>23</td></tr> <tr> <td>Total.....</td><td>215</td></tr> </table>	Treatment.....	192	Inspection.....	23	Total.....	215
Treatment.....	192						
Inspection.....	23						
Total.....	215						
(6) Fillings	<table> <tr> <td>Permanent teeth.....</td><td>1848</td></tr> <tr> <td>Temporary teeth.....</td><td>9</td></tr> <tr> <td>Total.....</td><td>1857</td></tr> </table>	Permanent teeth.....	1848	Temporary teeth.....	9	Total.....	1857
Permanent teeth.....	1848						
Temporary teeth.....	9						
Total.....	1857						
(7) Extractions	<table> <tr> <td>Permanent teeth</td><td>930</td></tr> <tr> <td>Temporary teeth</td><td>2869</td></tr> <tr> <td>Total</td><td>3799</td></tr> </table>	Permanent teeth	930	Temporary teeth	2869	Total	3799
Permanent teeth	930						
Temporary teeth	2869						
Total	3799						
(8) Administrations of general anaesthetics for extractions	2						
(9) Other operations	<table> <tr> <td>Permanent teeth</td><td>42</td></tr> <tr> <td>Temporary teeth</td><td>22</td></tr> <tr> <td>Total</td><td>64</td></tr> </table>	Permanent teeth	42	Temporary teeth	22	Total	64
Permanent teeth	42						
Temporary teeth	22						
Total	64						

Group VI.—Uncleanliness and Verminous Conditions.

- (i) Average number of visits per school made during the year by the School Nurses.....4
- (ii) Total number of examinations of children in the Schools by School Nurses15714
- (iii) Number of individual children found unclean110
- (iv) Number of children cleansed under arrangements made by the Local Education Authority —
- (v) Number of cases in which legal proceedings were taken :—
 - (a) Under the Education Act, 1921 —
 - (b) Under School Attendance Byelaws —

